

## **Residential: Medicaid Billing Errors**

According to the Utah Medicaid Provider Manual (April 2015), 1-8 Documentation

*A. The provider must develop and maintain sufficient written documentation for each service or session for which billing is made to support the procedure and the time billed. See Chapter 2, Scope of Services, for documentation requirements specific to each service.*

According to the DHS/DCFS Contract, Part IV: Contract Type and Amount, Payment Terms, and Billing Information:

### **SECTION A: TYPE AND AMOUNT OF CONTRACT**

*This Contract is a "Unit of Service" (Rate-Based) / Non-Fixed Amount Contract. Payment to the Contractor shall be based on individual units of service provided by the Contractor at the service rates specified in the Tables below. DHS has not set a limit on the total amount the Contractor may receive for providing services pursuant to this Contract; however, Contractor's compensation must comply with the rates identified in this Contract.*

### **SECTION B: PAYMENT TERMS:**

*1. NON-MEDICAID SERVICES/RATE-BASED: DHS shall make payments to the Contractor pursuant to this Contract for non-Medicaid services only. Except for guaranteed bed rate payments, payments for non-Medicaid services shall be made only if DHS places clients with the Contractor and only if the Contractor actually provides services to the clients. Payments shall be based on the rates listed in Table 1 below.*

*2. MEDICAID SERVICES/RATE-BASED: The Contractor shall bill the DOH for Medicaid services provided under this contract. However, the Contractor shall bill DOH only if DHS places clients with the Contractor and only if the Contractor actually provides the billed services to the clients. In billing DOH, the Contractor shall use the rates listed in Table 2 below. If the Contractor bills for Medicaid services at rates greater than the DHS rates in Table 2, DHS may require that the Contractor pay DHS the difference between the amount paid by Medicaid, and the amount allowed under this Contract, and DHS may discontinue referring clients to the Contractor for services and may terminate this Contract.*

**Provider Action Required:** The agency must pay back **\$187.80** for sessions that were billed without supporting documentation. For all pay back billings, the agency has the following options:

(1) You can do an electronic “replacement claim”. There are instructions on the Utah Medicaid website, [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid) in the Health Care Providers section, Coverage and Reimbursement Tools, click on Claims and Reimbursement, then click on 5010 Companion Guides, scroll down to the (UHINT 2.5 Templates), click on the 837 professional claim and follow the instructions on pages 2 and 3 of this document. Or you may call 1-800-662-9651 and select Option 3 (Health Care Provider), Option 5 (Electronic Billing) and a team member can help give you "replacement claim" instructions.

OR

(2) You can do a “direct payment” to UDOH. To do this you must include the following documentation: Name of Client, Client ID#, Date of Service, Billed Amount, Contracted Amount, and Difference between Billed Amount and Contracted Amount. You must send the check for the difference between the billed amount and contracted amount to Medicaid Operations, Attn: Cecelia Richins at P.O. Box 143106, Salt Lake City, Utah 84114-3106.

If you have additional questions you may also contact Cecelia Richins at UDOH, 801-538-6567.

Also, in the agency’s response to this report, please indicate how you handled the payback. Further, please describe, in writing, what billing process the agency will adopt to ensure that in the future accurate billings are submitted to the DOH.